Strategic Prevention Framework
State Incentive Grant

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The SPF SIG Grant Project

- Prevention infrastructure development
- Data-driven, outcomes-focused prevention
- “Community” as the unit of interest and analysis
- Cross-systems collaboration
SPF SIG Grant State Requirements

- Must have an Advisory Council to oversee implementation
- Required to maintain a Statewide Epidemiological Workgroup (SEW)
- Develop and maintain an Evidence-based Practices (EBP) Workgroup
- Develop a State Strategic Plan
County Grantees

- Approximately $1 million for county grants
  - Four to five grants at $150,000 - $250,000 per grant
  - Estimated 10 to 12 community projects

- Community level efforts must include all five steps of the SPF

- Grantees are required to implement evidence-based programs, practices and policies
County Grantee Role

- Ensure communities follow SPF process
- Programmatic and fiscal monitoring and reporting for community projects
- Data collection and reporting
- Peer leadership and learning forums
SPF SIG Implementation
The Approach

An Opportunity for Bridging the Gap Between Science and Practice in Community Prevention
A Collaborative Effort

Advisory Council

ADP

PRC
“It takes 17 years to turn 14 percent of original research to the benefit of patient care” *

18% Negative results
Dickersin, 1987

46% Lack of numbers, Design issues
Koren, 1989

0.5 year
Kumar, 1992

0.6 year
Kumar, 1992

0.3 year
Poyer, 1982

6.0 - 13.0 years
Antman, 1992

50% Inconsistent indexing
Poynard, 1985

35%
*Balas, 1995

Unknown

Dickersin, 1987

Poynard, 1985

Kumar, 1992

Poyer, 1982

Antman, 1992

Lack of numbers, Design issues

Lack of numbers, Design issues

Bibliographic databases

Reviews, guidelines, textbooks

Implementation

Lawrence W. Green, Dr. PH
Univ of California at San Francisco School of Medicine
So what would serve as a “bridge” between Science and Practice?
The Strategic Prevention Framework
However there’s more to implementation than specifying the steps...
Ineffective Methods

Excellent experimental evidence for what **does not work**

- Diffusion/dissemination of information by itself **does not** lead to successful implementation (research literature, mailings, promulgation of practice guidelines)

- Training alone, no matter how well done, **does not** lead to successful implementation

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Fixsen, D. L., Naoom, S. F., Blase, K., Friedman, R. M., & Wallace, F., 2005
What Works

Effective intervention practices and programs
+
Effective implementation practices
= Good outcomes

No other combination of factors reliably produces desired outcomes

Fixsen, D. L., Naoom, S. F., Blase, K., Friedman, R. M., & Wallace, F., 2005
Effective Use of EBP

Drivers

Stages

RESEARCH

IMPLEMENTATION

PRACTICE

Drivers
Do we have any examples?

3 YEARS OUT, SAFETY CHECKLIST CONTINUES TO KEEP HOSPITAL INFECTIONS IN CHECK

Johns Hopkins' cheap, low-tech approach can be sustained, save lives over time, study shows

Press release:
The Johns Hopkins Medical Institutions
February 4, 2010
Driving Implementation by Graphically Integrating Research, Logic Models, and a Theory of Change

...so what’s our “bridge?”

...let’s see!
Underage Drinking: Basic Research

Evidence: Population Prevention Effects
- Strong
- Moderate
- Low (target group only)
- None (no target or population)

Alcohol-Related Problems
(Traffic crashes, Injuries, School performance, Unsafe sex, Violence, etc.)

Underage Drinking

Visible Enforcement
Retail Availability of Alcohol to Youth
Social Availability of Alcohol to Youth
Price

Underage Drinking Laws
Community Norms About Youth Drinking

Drinking Beliefs
Family, School, and Peer Influence
Drinking Context

Alcohol Promotion (Advertising, Point of Sale Promotion, Sponsorship of Community Events)
Underage Drinking: Evidence-based Theory of Change

Underage drinking laws

Local alcohol policy

Media advocacy

Compliance checks, citations, license loss

Visible enforcement

Party patrol, Shoulder taps, Beer keg registration

Community norms about youth drinking

Social availability of alcohol to youth (parties, peers, families)

Retail Sale of alcohol to youth

Retailer Training & rewards

Legal risks for providing alcohol to underage

Underage Drinking

Family, School, & Peer Influence
…this is getting complicated

…and we haven’t even added the Logic Model, yet!!
Sample Page from Interactive Logic Model (a level down from prior page)

For software: www.doview.com
Key Elements of the Approach

- Guidance from Advisory Council
- Prescriptive about what to do
- Local expertise on how to do it
- Highly focused on objectives rather than process
- Moves quickly through assessment and planning, and get into action
- Focuses on measurable community-level outcomes
Considerations and Criteria for Recruiting Communities
Maximize Successful Implementation

- Interest and commitment to the goals and objectives of SPF SIG
- Infrastructure for intervention strategies
- Community population small enough to affect change, but large enough to have key agencies
“Evaluability” – Maximize Successful Evaluation

- Availability of, and commitment to collect, process and outcome data
- Population large enough to be able to demonstrate change in a timely and meaningful manner
Project Status

- Needs Assessment is complete
- High need priority area is identified
- Information is being gathered for community selection criteria and allocation approach
- Recommendations will be submitted for GPAC approval
- Strategic Plan will be developed and approved by CSAP
Comments
Thank you

- This webinar will be available online for those who did not have an opportunity to join us.

  www.ca-cpi.org/training/webinars_past.php

- If you would like more information …
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